

Child Health and Disability Prevention (CHDP) Program FACILITY REVIEW TOOL SCORING INSTRUCTIONS

General Guidelines for Facility Site Review

- “Provider” refers to an individual or office/clinic applying for, or already enrolled in, the CHDP Program.
- All sites, including mobile vans, satellite centers, and school-based clinics, must be reviewed using the CHDP Facility Review Tool (DHCS 4493) in conjunction with the CHDP Medical Record Review Tool (DHCS 4492) during an on-site visit with an Applicant/Provider.
- Each facility operated by an Applicant/Provider must meet all critical elements (CE) and have a passing score of greater than 84 percent to be enrolled in the CHDP Program. The critical elements are: Airway, Breathing, and Circulatory Management; Emergency Medication Administration; Current Professional License; Participation in the Vaccines for Children (VFC) Program, including all criteria identified in the Pharmaceutical Services Survey Criteria section, and meet all the criteria in Preventive Services Survey Criteria section. CEs are identified with shaded rows and “CE” under the weight (Wt.) column.
- Modified facility reviews of Applicants/Providers during application for enrollment or during periodic reviews of enrolled Providers may be conducted when the local CHDP Program has a copy or summary of scores and conclusions from a survey conducted within the preceding 12 months by the Medi-Cal managed care plan. A modified facility review is a review of the five CEs and all of the criteria within the CE in the CHDP Facility Review Tool (DHCS 4493).
- Providers currently enrolled in the CHDP Program must meet all CEs and have a passing score of greater than 69 percent among the other criteria in the review. A score from 70 through 84 percent requires joint efforts between the local CHDP Program and the Provider for the correction of deficiencies and achievement of program standards within three months.

Directions for Scoring

Every criterion is weighted either one or two points, except for the CEs.

- Score full-weighted points (1 or 2 as designated) for each criterion that is met by placing a check mark in the “yes” column and entering the full-weighted points as the Site Score for that criterion. Do not score partial points for any criterion.
- Score zero points if criterion is not met by placing a check mark in the “no” column and entering a zero as the Site Score for that criterion.

- Not applicable (N/A) applies to any criterion that does not apply to the facility being reviewed. Score N/A with the full-weighted points (1 or 2 as designated) for that criterion by placing a check mark in the “N/A” column and entering the full-weighted points in the Site Score for that criterion.
- Add the subtotal scores and record the total points for each section.
- Add the total points for each section to determine the points in the total review score.
- Score the five CEs as stand-alone criteria. All CEs must be met by Applicants entering the program. Current Providers undergoing periodic review may be given conditional approval as stipulated in a–e below.
 - a. Airway, breathing, and circulatory management equipment must all be present.
 - b. Emergency medication as stipulated in the criterion must be present.
 - c. Current professional license(s) are required and, if missing, the Applicant cannot be newly enrolled in the CHDP Program. If the Provider is enrolled in CHDP, continuing enrollment at the time of a periodic review may be changed to conditional approval if any of the Providers do not have a current license but can show proof of having submitted their license renewals before the expiration date.
 - d. VFC Provider participation is required as well as all of the criteria in Section 4 (Clinical Services) in order to provide appropriate vaccinations, documentation, and education/guidance. An Applicant/Provider cannot be enrolled or recertified for continued participation in the CHDP Program if not participating in the VFC Program.
 - e. Preventive Services, as defined, must be met. An Applicant cannot be enrolled in the CHDP Program if he/she fails to meet any of these criteria. At the time of recertification, the local CHDP Program determines whether the Applicant/Provider will be given conditional approval due to the failure to meet any one criterion in the Preventive Services section.
- Calculate the percent score by dividing the **review score points by the total possible points**. Multiply by 100 to obtain the percentage. For example:

(72 Review Score Points) divided by (83 total possible points) x 100 = 87 percent
- Round percentages to the next smaller percentage for .1–.5, or to the next larger percentage for .6–.9.
- Determine the degree of successful completion by the Applicant/Provider for the facility review using the following thresholds.

Thresholds

- If Critical Elements (CE) not met:

Airway, Breathing, and Circulatory Management not met:	New Provider	= FAIL
	Periodic Review	= FAIL
Emergency Medication not met:	New Provider	= FAIL
	Periodic Review	= FAIL
Current Professional License not met:	New Provider	= FAIL
	Periodic Review	= CONDITIONAL
Vaccines for Children (VFC) Provider and all criteria identified as CE in the Pharmaceutical Services Survey Criteria Section not met:	New Provider	= FAIL
	Periodic Review	= FAIL
Preventive Services not met:	New Provider	= FAIL
	Periodic Review	= CONDITIONAL—dependent on the total survey

- 85% through 100% = FULL APPROVAL
- 70% through 84% = CONDITIONAL APPROVAL
- Less than 70% = NOT APPROVED

Remember to complete the Facility Review Scoring Summary Sheet (DHCS 4494) and attach it to the Facility Review Tool face sheet.

Review date		Last CHDP review date and results		
Provider name		Telephone number ()	Fax number ()	
Provider address (number, street)		City	State	ZIP code
Contact person	Title	Clinicians on site		
Reviewer	Title			
Reviewer	Title			
		CHDP Provider category: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Health assessment only		

Visit Purpose	History of Other DHCS Certification(s)	Provider(s) at Site	Office/Clinic Type
<i>(Check only one.)</i> <input type="checkbox"/> Initial Full Scope <input type="checkbox"/> Periodic Full Scope <input type="checkbox"/> Monitoring <input type="checkbox"/> Follow-up <input type="checkbox"/> Focused Review <input type="checkbox"/> Education/Technical Assistance <input type="checkbox"/> Other _____	<i>(Check all that apply.)</i> <input type="checkbox"/> CHDP Date (mm/dd/yyyy): _____ <input type="checkbox"/> Comprehensive Perinatal Services Program Date (mm/dd/yyyy): _____ <input type="checkbox"/> DHCS Licensing and Certification Date (mm/dd/yyyy): _____ <input type="checkbox"/> Medi-Cal Managed Care Division Date (mm/dd/yyyy): _____ <input type="checkbox"/> Childhood Lead Program Date (mm/dd/yyyy): _____ <input type="checkbox"/> Vaccines for Children Date (mm/dd/yyyy): _____	<i>(Check all that apply.)</i> <input type="checkbox"/> Family Practice <input type="checkbox"/> Pediatrics <input type="checkbox"/> General Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> OB/GYN <input type="checkbox"/> Specialist (type: _____) <input type="checkbox"/> Nonphysician Medical Practitioner (type: _____) <input type="checkbox"/> Other (type: _____)	<i>(Check only one.)</i> <input type="checkbox"/> County Hospital Outpatient Clinic <input type="checkbox"/> Community Hospital Outpatient Clinic <input type="checkbox"/> Community Health Clinic <input type="checkbox"/> Family Nurse Practitioner <input type="checkbox"/> FQHC/Rural Health Clinic <input type="checkbox"/> Health Department Clinic <input type="checkbox"/> Indian Health Clinic/Tribal Health Program <input type="checkbox"/> Pediatric Nurse Practitioner <input type="checkbox"/> Physician Solo Practitioner <input type="checkbox"/> Physician Group Practice <input type="checkbox"/> Other (type: _____)

Approval status: ☐ Full approval (85% through 100%) (required for new applicants) ☐ Conditional approval (70% through 84%) ☐ Not approved (less than 70%)

1. Access/Safety

Site Access/Safety Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. The CHDP Applicant/Provider must ensure that his or her programs and activities at each service site, when viewed in their entirety, are readily accessible and usable by persons with disabilities. This does not mean that the CHDP Applicant/Provider must make each of its existing facilities or every part of the facility accessible to and usable by persons with disabilities where other methods are effective in achieving compliance. Methods for meeting this requirement may include, but not be limited to: 1. Providing a barrier-free physical or structural environment through such means as redesign of equipment (variable height exam tables), reassignment of classes or other services to accessible buildings, assignments of aides to clients, home visits, delivery of services at alternate accessible sites, alteration of existing facilities (accessible parking, ramps/curbcuts, rearranging furniture in waiting, exam, and treatment rooms), or other methods that result in making programs and activities accessible to persons with disabilities.	2				
2. Offering auxiliary aids and services for persons with impaired sensory, manual, or speaking skills where necessary for effective communication between clients, their parents, and the provider at no cost to the client/parent through such means as a qualified sign language interpreter; telecommunication devices for the deaf (TDDs/TTYs); health information in alternative format, such as Braille or audio tape; help filling out forms.	2				
Subtotal:	4	X	X	X	

Comments: Write comments for all zero (0) scores.

Site Access/Safety Survey Criteria	Wt.	Yes	No	N/A	Site Score
B. The provider site shows evidence of safety and fire precautions.					
1. Exit door(s), corridors, and stairs are clear and unobstructed.	1				
2. Fire extinguishers are on-site and accessible without relocating furniture or using a ladder or step stool and are tagged with a service date in the last 12 months.	1				
3. Wall outlets and switches have cover plates.	1				
C. The site ensures that the following are in place in order to provide emergency care during business hours until treatment is initiated by the Emergency Medical Services (EMS) system.					
1. Airway, breathing, circulatory management: Oxygen source, flowmeter, and tubing; ambu bags (pediatric and adult); oral airways and oxygen masks appropriate to the practice/client population (for most offices, this will include infant, child, and adult sizes); suction device that could be bulb syringe or wall or portable suction device with tonsil tip catheters.	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.
2. Emergency medication and administration: Epinephrine 1:1,000 (injectable subcutaneous or intramuscular); tuberculin syringes and needles; alcohol wipes.	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.
3. There is a written plan delineating the procedures followed for an emergency medical condition*, including activation of the local 911 EMS system.	1				
4. Medication dosage chart (or other method for determining dosage) is kept with emergency medication(s).	1				
5. Emergency equipment/supplies as listed in items 1 and 2 above are stored together and there are no obstructions (e.g., furniture, supplies) to their use.	1				
6. There is written documentation that emergency equipment/supplies as listed in items 1 and 2 above are checked for expiration at least monthly and replaced/restocked as needed; emergency equipment is checked for operating status at least monthly.	1				

* Excerpted from Title 22, California Code of Regulations (CCR), Section 51056(b): An "emergency medical condition" means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) placing the patient's health in serious jeopardy; (2) serious impairment to bodily functions; (3) serious dysfunction of any bodily organ or part.

Site Access/Safety Survey Criteria <i>(continued)</i>					Wt.	Yes	No	N/A	Site Score	
7. At least one staff person has a current cardiopulmonary resuscitation (CPR) certificate and is on-site during business hours.					1					
8. Local poison control number is prominently posted and visible for staff.					1					
					Subtotal:				CE	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.
									9	
					Section Total:				CE	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.
									13	

Comments: Write comments for all zero (0) scores.

2. Personnel

Site Personnel Survey Criteria				Wt.	Yes	No	N/A	Site Score
A. Professional licenses and certifications are current for all health care practitioners at the provider site.	Health Care Professional	License/Certification	Issuing Agency	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.
	Physician	Physician and Surgeon License	Medical Board of California	X				X
	Doctor of Osteopathy	Physician and Surgeon License	Osteopathic Medical Board of California	X				X
	Physician Assistant (PA)	PA License	PA Examining Committee/Medical Board of California	X				X
	Pharmacist (Pharm. D.)	Pharm. D. License	California State Board of Pharmacy	X				X
	Registered Nurse (RN)	RN License	Board of Registered Nursing	X				X
	Certified Nurse Midwife	RN License Nurse-Midwife Certificate	Board of Registered Nursing and Medical Board of California	X				X
	Nurse Practitioner	RN License and Nurse Practitioner License	Board of Registered Nursing	X				X
	Licensed Vocational Nurse (LVN)	LVN License	California Board of Vocational Nursing	X				X
B. Each healthcare professional staff member must be identified by:								
1. Wearing a badge with his/her name and professional title; or				1				
2. Prominent display of professional license.				1				
Subtotal:				CE	X	X	X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.
				2	X	X	X	

Site Personnel Survey Criteria <i>(continued)</i>	Wt.	Yes	No	N/A	Site Score
C. Each staff member must be qualified and trained for assigned responsibilities. The Provider must have documentation such as job duty statements, skills check lists, or training certificates verifying that:					
1. Only qualified/trained personnel:					
a. Retrieve, prepare, or administer medications.	1				
b. Operate medical equipment.	1				
2. Nonphysician medical practitioners perform within their scope of practice and are supervised in accordance with Title 22, CCR, Sections 51240 and 51241.	2				
3. Designated personnel have completed training in audiometric testing.	1				
4. Designated personnel have completed training in vision screening.	1				
Subtotal:	6				

Comments: Write comments for all zero (0) scores.

Site Personnel Survey Criteria <i>(continued)</i>	Wt.	Yes	No	N/A	Site Score
D. There are written policies and procedures or other written documentation for:					
1. Infection control/universal precautions	1				
2. Bloodborne pathogens exposure prevention	1				
3. Biohazardous waste management	1				
4. Disaster preparedness for emergency nonmedical events (e.g., workplace violence)	1				
5. Child/elder/domestic violence abuse and mandated reporting	1				
6. Fire prevention/safety	1				
7. Implementation of HIPAA requirements (e.g., client confidentiality, release of information)	1				
8. Sensitive services/minor's rights	1				
9. Consent for treatment	1				
10. Tracking of referrals to other sources of health care	1				
E. There is written documentation of annual training (in-service training, orientation of new staff, fire drills) on the following:					
1. Infection control/universal precautions	1				
2. Bloodborne pathogens exposure prevention	1				
3. Biohazardous waste management	1				
4. Disaster preparedness for emergency nonmedical events (e.g., workplace violence)	1				
5. Child/elder/domestic violence abuse and mandated reporting	1				
6. Fire prevention/safety	1				
7. Implementation of HIPAA requirements (e.g., client confidentiality, release of information)	1				
8. Sensitive services/minor's rights	1				

Site Personnel Survey Criteria <i>(continued)</i>	Wt.	Yes	No	N/A	Site Score
9. Consent for treatment	1				
10. Tracking of referrals to other sources of health care	1				
Subtotal:	20				

Section Total:		CE							<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.
		28							

Comments: Write comments for all zero (0) scores.

3. Office Management

Office Management Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. Physician coverage is available.					
1. Current office hours are posted within the office or are readily available upon request.	1				
2. There is a written schedule for after-hours and on-call coverage is available.	1				
3. There is a method for informing clients about coverage.	1				
B. Readily available health care services are provided.					
1. A telephone system is in place for managing telephone callers during and after office hours.	1				
2. A system is in place to remind clients of scheduled appointments.	1				
3. There is a system in place to follow up missed and cancelled appointments.	2				
4. There is a system in place to remind clients when the next preventive visit is due.	2				
5. There is a system in place for tracking of referrals and follow-up appointments.	2				
C. All Provider sites provide interpreter services for limited English proficient clients either through telephone language services or interpreters on-site.	2				
Subtotal:	13				

Comments: Write comments for all zero (0) scores.

Office Management Survey Criteria	Wt.	Yes	No	N/A	Site Score
D. Referral/consultative services are handled according to established site-specific procedures. Office systems and written procedures exist for:					
1. Obtaining and reviewing consultant reports and diagnostic test results, including lab procedures referred to other Providers, immunizations not performed on-site.	2				
2. Maintaining up-to-date resource materials related to the provision of CHDP services according to program standards.	2				
E. Medical records are readily retrievable for the Provider at each scheduled client encounter. A system is in place and utilized by site personnel to ensure the availability of medical records at the time of the client visit. Refer to the CHDP Medical Record Review Tool (DHS 4492).	1				
F. Client confidentiality and privacy are maintained.					
1. Exam rooms, dressing gowns are available to safeguard clients' right to privacy.	1				
2. Site personnel follow office policy/procedures for maintaining confidentiality of patient information. Clients or their conditions are not discussed in front of other clients or visitors. Individual client information is not displayed or left unattended in reception and/or client flow areas.	2				
3. Medical records are retained until seven years after children reach 21.	1				
Subtotal:	9				

Comments: Write comments for all zero (0) scores.

Section Total:

22				
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4. Clinical Services

Pharmaceutical Services Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. The provider participates in the Vaccines for Children (VFC) program and meets all the following requirements:					<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.
1. Has a process to check and dispose of expired immunizations and drugs, and no expired immunizations and drugs are present.	CE				
2. Has a clean area for preparing immunizations and drugs.					
3. Has syringes (3cc and tuberculin) and disposable needles (5/8 inch and 1 inch).					
4. Stores immunizations and drugs separate from food, lab specimens, cleaning supplies, and other items that may potentially cause contamination.					
5. Stores immunizations, drugs, needles and syringes, and prescription pads so that they are accessible only to staff responsible for their use.					
6. Has Vaccine Immunization Statement(s) (VISs) for each immunization or immunization component administered and in threshold languages appropriate for the client population.					
7. Has the following immunizations or combinations of these immunizations (as recommended by the ACIP) (check if found and note the reason* for any missing immunizations):					
a. In the refrigerator:					
(1) Inactivated Poliovirus Vaccine (IPV)					
(2) Diphtheria and tetanus toxoids and acellular pertussis (DTaP)					
(3) Diphtheria and tetanus toxoids (DT)					
(4) Adult-type diphtheria and tetanus toxoids (Td)					
(5) Haemophilus influenzae type b (Hib)					
(6) Hepatitis B					
(7) Hepatitis A					
(8) Pneumococcal conjugate vaccine (PCV7)					

* Acceptable reasons for the absence of immunizations include "out-of-season" and "not available from manufacturer due to shortage."

Pharmaceutical Services Survey Criteria <i>(continued)</i>	Wt.	Yes	No	N/A	Site Score
(9) Pneumococcal polysaccharide vaccine (PPV23)					
(10) Influenza					
(11) Measles, mumps, and rubella (MMR)					
(12)					
(13)					
(14)					
b. In the freezer:					
(1) Varicella					
(2)					
c. Immunizations are stored according to manufacturer requirements in the refrigerator at 2° to 8 °C or 35 ° to 46 °F and in the freezer at -15 °C or 5 °F or lower.					
8. Has a written plan for vaccine protection in case of power outage or malfunctioning of refrigerator or freezer.					
9. Has a written log documenting refrigerator and freezer temperatures twice a day.					
10. Has a freezer with its own external door separate from the refrigerator.					
11. Has purified protein derivative injectable tuberculin.					
12. Stores and handles all drugs (other than immunizations) that are administered in the office/clinic according to manufacturer requirements.					
Subtotal:	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.

Comments: Write comments for all zero (0) scores.

Laboratory Survey Criteria	Wt.	Yes	No	N/A	Site Score
B. Site performing laboratory testing* has a Clinical Laboratory Improvement Amendment (CLIA) of 1988 certificate and:					
1. Has a CLIA certificate that is current, unrevoked, unsuspended, and site-specific.	1				
2. Has a process for annual calibration of equipment.	1				
3. Has a process to check expiration dates and dispose of expired laboratory test supplies, and no expired laboratory test supplies are present.	1				
4. Maintains laboratory supplies/equipment clean and accessible only to staff responsible for their use.	1				
Subtotal:	4				
Section Total:	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.
	4				

Comments: Write comments for all zero (0) scores.

* Not applicable for a site at which all clients are referred to an outside laboratory for testing. If a site is performing laboratory testing and does not have a certificate, or there are questions regarding CLIA certification, call California Department of Health Services, Laboratory Field Services, at 213-833-6000.

5. Pediatric Preventive Services

Preventive Services Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. Pediatric preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases. Examination equipment appropriate for infants, children, and adolescents is available on-site and maintained according to manufacturer's guidelines:	CE			X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.
1. Exam tables and lights are in good repair and percussion hammer, tongue blades, paper for tables, and client gowns are available.	X			X	X
2. Stethoscope and sphygmomanometer and various cuff sizes: child and adult.	X			X	X
3. Thermometers: oral and/or tympanic, and rectal.	X			X	X
4. Scales: adult balance beam and infant scales. Calibration date: _____	X			X	X
5. Measuring devices for stature (recumbent or standing with rigid right angle head and foot board block) measurement and head circumference measurement.	X			X	X
6. Vision screening charts (Snellen and illiterate or equivalent) and occluder for vision testing; location of vision screening chart in out-of-traffic areas and appropriate to a variety of children's heights; heel line at the appropriate 10- or 20-foot distance.	X			X	X
7. Ophthalmoscope with working light.	X			X	X
8. Otoscope with working light and adult and pediatric ear speculums.	X			X	X
9. Puretone, air conduction audiometer, located in a quiet area, and response devices. Calibration date: _____	X			X	X
Subtotal:	CE	X	X	X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Cond.

Comments: Write comments for all zero (0) scores.

Health Education Survey Criteria	Wt.	Yes	No	N/A	Site Score
B. Health education services are available to clients.					
Health education materials and resource information are:					
1. On site or are made available upon request.	2				
2. Applicable to the practice and population served on-site and include CHDP-provided health education materials.	2				
3. Available in threshold languages, including sign language, identified for county/area of site location.	2				
4. Inclusive of a resource list for services/programs such as Healthy Families, WIC, and dental and mental health.	2				
Subtotal:	8				

Section Total:

CE					<input type="checkbox"/> Pass
8					<input type="checkbox"/> Fail
					<input type="checkbox"/> Cond.

Comments: Write comments for all zero (0) scores.

6. Infection Control

Infection Control Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. The site/provider must ensure that the following are present on-site to prevent transmission of infections among clients and staff:					
1. Antiseptic hand cleaner and/or hot running water for hand washing are available in examining rooms and treatment areas.	1				
2. A waste disposal container is in each examining room, treatment area, and restroom, and is inaccessible to children.	1				
3. A process is in place for isolating infectious clients.	1				
4. A disinfectant solution is labeled as approved by the Environmental Protection Agency (EPA) and effective in killing HIV/HBV/HCV.	1				
B. The site/provider must ensure that the following are present on-site in order to decrease clients' and staffs' exposure to bloodborne pathogens:					
1. Personal protective equipment (e.g., gloves, gowns, eye/face protection) is available.	1				
2. Sharps containers are labeled and located in the areas where sharps are used and are accessible only to staff responsible for the use of sharps.	1				
3. Written documentation of sharp injury incidents is available.	1				
4. Biohazardous (nonsharp) waste is contained in separate, labeled, covered, and leak-proof container(s).	1				
Subtotal:	8	X	X	X	
Section Total:	8	X	X	X	

Comments: Write comments for all zero (0) scores.